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Bib Data Sheet

CONFIRMATION NO. 4536

<b>SERIAL NUMBER</b> 09/158,938	<b>FILING DATE</b> 09/22/1998 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2683	<b>ATTORNEY DOCKET NO.</b> QCPA686A1	
<b>APPLICANTS</b> GADI KARMI, SAN DIEGO, CA; MATT GROB, LA JOLLA, CA;					
<b>** CONTINUING DATA *****</b> <i>None R.L.V. 4/15/03</i>					
<b>** FOREIGN APPLICATIONS *****</b> <i>None R.L.V. 4/15/03</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/02/1998</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input type="checkbox"/> <i>Signature R.L.V.</i> Verified and Acknowledged <i>Signature</i> Examiner's Signature <i>initials</i>		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> <del>62</del> 124	<b>INDEPENDENT CLAIMS</b> 15
<b>ADDRESS</b> 20872					
<b>TITLE</b> OVERHEAD MESSAGE UPDATE WITH DECENTRALIZED CONTROL					
<b>FILING FEE RECEIVED</b> 4380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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CONFIRMATION NO. 4536

SERIAL NUMBER 09/158,938	FILING DATE 09/22/1998  RULE	CLASS 455	GROUP ART UNIT 2686	ATTORNEY DOCKET NO. QCPA686A1	
<b>APPLICANTS</b>  GADI KARMI, SAN DIEGO, CA;  MATT GROB, LA JOLLA, CA;  ** CONTINUING DATA *****  ** FOREIGN APPLICATIONS *****  IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 10/02/1998					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 62	INDEPENDENT CLAIMS 1
<b>ADDRESS</b> 23696 Qualcomm Incorporated Patents Department 5775 Morehouse Drive San Diego, CA 92121-1714					
<b>TITLE</b> OVERHEAD MESSAGE UPDATE WITH DECENTRALIZED CONTROL					
FILING FEE  RECEIVED 4380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		